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NOVEMBER, 1913

No. 2

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PITTS EDWIN HOWES, M. D. EDITOR

CHARLES E. BUCK, PH. G., M. D., ASSOCIATE EDITOR

EDITORIALS

INVISIBLE MICRO-ORGANISMS.

In spite of all our simple methods of laboratory research, it is an undisputable fact that many pathological conditions still exist, the nature of which is little known.

The period between 1880 and 1884 was marked by much activity in bacteriological research, and many of the etiological germ factors, at present so well known, were discovered at that time, by Pasteur and at a later date by Koch. The genesis of the flora including typhoid, glanders, cholera, tetanus, diphtheria, suppuration, and several others, date from this period.

With the possible exception of Yersin's discovery of the bacillus of plague in 1894, no important discoveries have been made during the period of quiescence that has existed since the memorable period in the 80's.

Still untoward conditions still continue, and from their very nature they must be due to some infecting agent; yet this agent seems

to evade isolation by the most thorough methods of research known to modern medical science.

It would seem that the noted Frenchman—Dr. M. Fontanel, University of Paris—has offered the best explanation in his theory of "Invisible Micro-Organisms," which has been published recently in **Le Monde Medical**.

The doctor takes the view that many of the so-called **viruses** are living organisms, but of such a minute nature that they pass through every known style of filter, and fail to react to staining and are invisible, as entities, through the most powerful high-power microscope.

The following quotation from some of the doctor's writings may be of interest.

"Having filtered a bouillon culture of peripneumonia through a Pasteur bougie and injected the filtrate into a healthy animal, these observers succeeded in causing an attack of typical peripneumonia in the animal.

Microscopical examination of the filtrate in these two experiments, made with the highest powers, failed on the other hand to reveal any visible organism. For that matter, the ultra-microscope has not yielded better results.(1) We were therefore constrained, in view of Loeffler's earlier experiments, to admit the existence of infinitely minute, invisible organisms which pass through the finest filters.

It was then suggested to systematically filter either the blood or the humours of animals or human beings suffering from diseases the infective agent whereof was unknown and it was found that the blood and the humours retained their infective properties after passing through the filter.

Infectious diseases with invisible microbes which attack animals as well as man at present number at least a score.

A large number of virulent diseases of the most varied kind, including some of the commonest and most dangerous, such as small-pox and hydrophobia, are engendered by microbes which, even at the present time, evade experimental demonstration by artificial cultivation *in vitro*. On the other hand, these organisms cannot be rendered visible in their natural culture media *in vivo* by any staining device. Then too, they readily traverse any kind of filter. Nevertheless, no one doubts that they are living beings. One of these, that of bovine peripneumonia, has been isolated and grown artificially outside the sick organism. We are indebted for our knowledge of this first ex-

ample to Nocard and Roux, and a second has followed suit. Apart from the fact that they are invisible with the most powerful instruments and pass through filters which arrest all known microbes, these "invisible" virus present a group of characters in common which deserves our attention.

1° They are all, or almost all, non-cultivable (1).

2° They are in general endowed with little resistance, especially to the action of heat. The virus of yellow fever is destroyed at 55° in ten minutes (Reed and Carroll), in five minutes (Marchoux, Simond and Salimbeni).

The virus of measles by heating to 55° for a quarter of an hour.

The aphthous lymph loses its virulence by heating to 55° for ten minutes.

The sheeppox virus is destroyed in three minutes at 56-58°.

The virus of bird plague in three minutes at 65° C.

The virus of hydrophobia is destroyed by heating to 40° for a few hours (Barbes), or to 47-48° for ten minutes or even for five minutes (Galtier).

3° In consequence of this feeble resistance de Blasi points out that diseases with invisible microbes are almost always transmitted by direct contact or inoculation.

4° That it passes through filters which arrest every known microbe.

Inoculation of the filtrate through Chamberland F and Berkefeld and through Chamberland B when dilute serum is employed, has indeed yielded positive results after an inoculation period of, on an average, three or four days.

5° Lastly, this microbe is destroyed by heating for from five to ten minutes to 55° C as shown in cases 7-8-9 in Reed and Carroll's experiments, confirmed by those of Marchoux, Salimbeni and Simond. This last property assumes a certain importance in view of our present knowledge, because it is one of the common characters of these invisible germs that they are destroyed by a comparatively brief exposure to a rather low temperature.

* * * * *

Diseases Peculiar to Animals and Vegetables.

There exist also a certain number of diseases peculiar to animals and vegetables, which are also due to invisible germs.

These are: peripneumonia, sheeppox, bird molluscum, bird plague, horse sickness, bovine plague, myxomatous virus, contagious fowl epithelioma, contagious aglassie of sheep and milk goats, thrush

septicaemia, catarrhal fever of the sheep, pernicious anaemia in horses, distemper in the young dog and the 'mosaic' of tobacco.

Even vegetables have their 'invisible microbe' diseases as shown by tobacco mosaic.

It was Mr. Beljerinck who, in 1908, drew attention to a virus which he found in the juice of tobacco leaves suffering from the disease known as 'mosaic.' The juice of these leaves affects healthy leaves. Filtered through a porcelain filter this juice causes the disease the same as before filtration. The juice does not yield any cultures. The conclusion to be drawn from these experiments, says Dr. Roux, is that 'mosaic' must be caused by an extremely minute microbe, invisible under the microscope and passing through the filter.

It will be seen then that there exist not only in man and animals, but even in the vegetable kingdom, microbes, invisible even with the ultra-microscope, which determine many and varied diseases.

We require other methods, other means of investigation than those at present at our disposal, to throw light upon the genesis, likely long to remain mysterious, of these different affections."

BUCK

ADENOIDS AND ENLARGED TONSILS.

It is with feelings of amazement that we read the opinion of the director of school hygiene in Boston, as expressed at a meeting of the Middlesex County Teachers' Association, held recently in Tremont Temple.

Dr. F. F. Herrington says that "Adenoids or Tonsils do not need surgical treatment." He says that these conditions are due to breathing the foul and vitiated air, and that fresh air and plenty of it is the remedy that will cure most of the cases.

This is, indeed, an opinion that differs widely from that held by a large per cent. of school doctors at the present time.

Alas! what will become of our poor nose and throat specialists if it should become a popular fad to cure enlarged adenoids and tonsils via the cold air route?

While the doctor, undoubtedly, is correct in his suggestions for treatment, many will have trouble in accepting his etiological opinions regarding hypertrophied pharyngeal tissues. Undoubtedly vitiated air has much to do with the untoward condition, yet it hardly

seems possible to eliminate **suction**, through long association with a nipple, or other like attachment, from the picture.

If babies could only be weaned when nature intended they should be—as soon as they have the four or six little “cutters” in front—there would be less cases of “adenoids and tonsils” to bother everybody.

Furthermore, there is a condition in the muscles of the eye, and in the accommodation of vision, that can be indirectly traced to too long use of the nursing bottle. The muscles that regulate the movements of the eye, also the ciliary apparatus, develops late in the child. While he is nursing, his eyes frequently follow the milk line of his bottle as it approaches the eyes, and this habit, practised eight or ten times a day for one or two years, is bound to effect the unstable accommodation apparatus of the eye of every child.

The fact that so many children require glasses to correct the errors in vision proves that there is something of this sort that is causing this increase in optical defect in school children.

The defect is not caused by anything that happens to the child in his school life, only so far as his constant use of eyes that were **weakened in infancy** would be a factor in bringing on the defect.

The remedy for both the above conditions is to **wean the child early**, not later than the twelfth month. And when the bottle is given to the child it should be encased in a cloth bag, preferably green in color, as that is the “soothing color.”

If doctors would instruct the mothers to do this, the babies will not have eye defects or throat troubles.

BUCK.

THE FUTURE OF CHEMOTHERAPY.

According to the evidence adduced by Professor Ehrlich in his address before the Seventeenth International Medical Congress it would seem that the scope of chemotherapy, which has already proved so beneficent in syphilis, recurrent fever, yaws, etc., will be considerably extended in the near future. If the principle upon which it is based is correct—and there appears no reason to doubt this—we may confidently look forward to the time when this method will be considered in the light of a specific in all diseases due to protozoal organisms, and in many, if not most, other infectious conditions. Unfortunately, the cause of a large number of these, such as smallpox, measles, scarlatina, and yellow fever, has not yet been definitely determined, so that until their etiology has been established, any mode of treatment must, at best, be empirical.

THERAPEUTICS

REPORT OF A REMARKABLE CASE.

By John Perrins, M. D., Boston, Mass.

The following history was given me by my patient, Miss Blank, a woman about thirty-seven years of age, by profession a masseur, after she had been under my professional care for twenty months.

She said: "I had been working very hard from early morning until late at night for many months, and had thereby become much exhausted. At that time, which was February, 1911, I was taken down with an illness which proved to be La Grippe.

"The disease subsequently settled in the kidneys, and was manifested by fearful pain across the back in the region of the kidneys. The urine became very scanty, dark in color, and much of the time was mixed with blood. The physician in attendance examined the urine from time to time, and diagnosed the case as uremic poisoning. During all this time, I was laid up from my work but one whole week, but I frequently had to leave my patient lying upon the operating table and go into an adjoining room and throw myself down on my face and abdomen to get a few moments' rest before I could finish giving the treatment.

"About this time severe swelling of the whole body, especially of the neck, arms and legs, developed, and the urine continued blood-red. My urine was examined again, and on each occasion large quantities of albumen were found therein. My disease was now diagnosed as Bright's disease of the kidneys. I was so sore over the kidneys that I could not bear the pressure of my clothing against them, so, to relieve the pressure, I wore thick, soft pads over each kidney, with a good-sized hole cut in the center, similar to a corn plaster. These prevented the clothing from pressing directly on the kidneys. I was dreadfully swollen all over my body. In the night the swelling would go down so that the first thing in the morning I could wear a twelve and one-half inch collar and a dress a little larger than usual, but as the day advanced, these had to give place to much larger ones, and by night I had to change again for a fifteen inch collar.

"At this time I worked every day, as my physician said it would be only for a very short time at most, and that I might just as well keep right on with my work as long as possible, and so shorten the period of my sufferings. He further said, by way of encouraging me, that he, himself, was suffering from the same disease, and he was well aware that there was no possible escape, but that it would end in

death. And, in order to shorten the period of suffering, he was doing all the work he possibly could. He accomplished his purpose, for death has relieved him of the sufferings he was undergoing.

"In August I went to the seashore for a change, but not for entire rest, as I went with two of my patients, and I gave them treatment every day for four weeks. During these four weeks the swelling went down, and I lost by weight forty-one pounds. After that the swelling did not return, but the pain in the back and kidneys continued. I was literally bathed in perspiration most of the time during those four weeks. This state of things continued until the third week in November.

"About this time one of Boston's well-known, eminent physicians and surgeons was called in consultation. After the consultation had been held, I asked the counsel what he thought my chances of recovery were. He replied, 'Do you want to know the facts, and can you bear to hear the truth?' I said, 'That is just what I wish to know; I can bear to hear the truth, be that what it may.' 'Very well, then,' he said, 'you have not more than ten days to live.'

"It was then determined to try hypodermic injections of an anti-toxine. An injection was given once in every twelve hours for five times; each injection was followed immediately by an injection of morphine to relieve the intense suffering caused by the anti-toxine. All injections were then discontinued for three days. They were then repeated as before and followed by a rest of three days. The injections were commenced for the third time, with the intention of giving five more. But after the third injection had been given, they had to be discontinued because of the following symptoms. The heart was beating so violently that at each throb the whole body was convulsed. My head felt ready to burst. I could not lie down, my face was livid and I felt as if I was about to choke. My feet and legs were ice cold. Blood spurted from my nose very profusely. This was followed by a dull, heavy feeling in the back of my head just at the base of the brain. My heart ceased to bound and my nose did not bleed after that, but severe pain developed the whole length of the spine, which grew more and more severe until it became almost unbearable. The doctor by this time had evidently exhausted his resources, for he told the friends in attendance that nothing more could be done. It was thought advisable to make a change, so he was discharged."

Early in February, 1912, I was called to see the above patient. I found her in the following condition:

She was suffering extreme agony from the base of the brain down the entire length of her spine, but in the region of the kidneys it

seemed to be the most intense. After getting a very brief history of the case, I attempted to examine her back, but finding that the slightest touch, or attempt to move her was productive of such indescribable suffering I at once desisted.

I prescribed a sedative and ordered a hot onion poultice to be made, large enough to cover both kidneys, and placed on her back. On calling the next day, I found my patient still suffering severely, but not quite so acutely as on my previous visit. The medicine had been taken faithfully and the poultice had been applied as ordered and continued during the day. But the odor from it was so offensive to the patient that it produced vomiting and therefore had been discontinued.

Her condition at this time was truly pitiable. She was on her back, unable to move hand or foot without producing intense suffering. I continued my visits daily, and sometimes twice a day, for about two weeks. During this time, although her suffering was so great, she was perfectly clear in her mind and was able to direct the affairs of her house.

At this time I was taken ill and was unable to leave my home for about two weeks. By the third day of March, I was able to visit her again. I then found that she was not only unable to move her right hand, but that total blindness had been added to her troubles. In a short time she lost all power to move her right leg and foot and all sensation was lost in both arm and hand and foot and leg on the right side. She still continued to be able to feel in and to move the left arm and leg. The pain was now centered in the base of the brain, and, as she described it, it seemed to be about two inches in diameter and felt like a burning, fiery furnace. The intensity of the burning would at times be slightly modified, but would never stop entirely. Soon after this, the left leg lost all feeling and power of motion. Sensation and power to move was retained in the left arm and hand for a long time, so that she could write short notes with her left hand, although she was not naturally left handed. Then followed loss of speech, so that she could not utter a word for hours and sometimes days together. After a while she found she could speak by holding up her larynx, but the instant she let go of it the power to speak was gone again. This led me to try electricity. I found that while the electricity was being applied she could talk. This induced me to call in consultation my friend the late Dr. N. L. Allen, who was a specialist in electricity. Together we applied electricity on two occasions, but we both became convinced that it was not her remedy, and

so it was discontinued. I also called in consultation a very fine Oculist to examine her eyes. After a most thorough examination, he stated positively that there was no defect in her eyes, and advised us to call a Neurologist, which was done. He, also, made a very thorough examination and pronounced her eyes perfect, and said that so far as the eyes were concerned, he could not see any reason why she could not see, but agreed that the cause of her blindness was probably due to pressure on her brain. Soon after this the left arm and hand lost all power and sensation. She could feel all over the body, but the area was sharply defined at the juncture of the shoulders with the arms and the thighs with the body. This was as clear as if a string had been drawn around each of these attachments; sensation being on the body side of the string and total loss of sensation on the limbs side of the string. After a while both sensation and power of movement gradually and slowly returned to the left arm, to the extent that she was able again to write short notes in which she could communicate to me when speech failed.

We began to be much encouraged by this, when a very unfortunate accident happened. The nurse was making some movement of the patient. She had lifted her up into the sitting posture on the bed when, for an instant, she let go of her and the patient, being unable to maintain this position, fell forward, striking her head just over the left eye on a desk telephone which was standing on a table close by the side of the bed. The nurse, in her effort to pick up the patient, lost her hold, and the patient fell backward and in the fall gave her neck a severe jerk. This was followed by excruciating pain in the back of the head and entire loss of motion and sensation in the left arm together with the power of speech. Neither lifting the larynx or the application of electricity was able to restore the power to speak. She could respond to questions only by a slight sound. A short one was understood to mean yes, and a more pronounced and slightly longer one to mean no.

This state of thing continued for many days, when, to our astonishment and joy, speech gradually returned at intervals, only. Then her body began to lose sensation. This proceeded from below upward and gradually covered the entire body so that all sense of feeling was lost everywhere except in the face. Then the special senses gave way. Her hearing was lost in her left ear and much impaired in the right one. Her power of smell entirely left her and that of taste was so impaired that she could distinguish only salt or vinegar. Finally she could not taste even them. Up to this time her mind was clear. Then,

as though her cup of bitterness was not quite full to running over, she had short intervals of mental disturbance. She would not know her intimate friends, but regarded them as some strange persons, and would ask for the very person who was by her side. But, strange to say, she always recognized me when I spoke to her. Fortunately this condition of things did not last very long. The mind became perfectly clear. The power of speech and hearing improved so that she could make herself understood and could understand what she was told.

In October, 1912, the Neurologist was again called, but nothing new was discovered. He reiterated his former statement, that her eyes were in no wise impaired, and that there was no visible reason why she could not see.

Things continued, with but slight variation, until June, 1913, when she expressed a desire to be taken to the seashore for the summer months. She also said that she believed she could get well there. On July 1st, she was carried downstairs to the street, and placed in the lap of a lady friend who was already sitting in an automobile, and was taken to a cottage near Marblehead. She had a most careful driver. The roads were good, and everything went well until they were almost to their destination. Then a piece of rough road was encountered, and, in spite of the greatest care, she sustained one or two—to her—severe jolts, which caused her head to snap and which produced severe pain in the back of her head.

Two days after she arrived at the seashore cottage, I visited her. It was then I obtained this information. My diagnosis of the case, from the first time I was called to see it, was hemorrhage of the brain, which had produced a large clot that was making pressure upon the base of the brain. She now stated that the heat and pain in that particular spot had returned with great severity, but with this difference. It now felt as if the clot had been broken into two pieces and the separate halves could be distinctly felt to move slightly, with the backward and forward movements of the head.

In a few days most of this snapping of her head had passed away. For some little time previous to being moved to the seashore cottage she had been lifted from her bed and placed in a wheel chair. This had been a great comfort to her, as she could sit in the chair, or lie down in her bed in alternation. The piazza of the cottage overlooked the ocean, and was very near it, so for hours at a time, she would sit in her wheel chair listening to the sound of the roaring ocean and enjoying the breeze.

Up to this time she had neither sensation or the slightest power to move hand or foot, but she could hear moderately well, and could talk quite well.

In one week from my first visit I saw her again. On arriving at the cottage I found my patient sitting in the wheel chair on the piazza as I had left her one week previous. As I approached her and saluted her with a good morning, imagine my surprise when she said "Good morning, doctor," and at the same time held out both of her hands for me to grasp. I took them, one in each of my hands, almost without thinking, and in an instant the change dawned upon me, and I almost dropped to the floor with surprise. You can, perhaps, imagine my feelings for the next few moments better than I can describe them.

I continued to visit her once each week until she returned to the city, which she did on the 16th day of October. On my third visit, I saw her move herself in the wheel chair with her own hands. I also saw the nurse assist her down from the chair, and with the nurse holding her close to her own body and partially supporting her weight, she stood up on her feet and slowly and somewhat uncertainly took a few steps. Each week I found a steady improvement so that toward the end of the summer she walked about the rooms of the cottages and out on to the piazza, and up and down a short flight of steps. She would walk to the dining room, take her seat at the table and feed herself. All of this, and much more, would she do so nicely and with such accuracy that some of her friends have questioned the statement that she was totally blind.

When she was ready to return to the city she walked from the cottage to the street, and unaided, seated herself in the automobile and rode to Boston just the same as any other blind lady would. On arriving at her home in Boston, she stepped from the automobile, walked across the sidewalk into the hall, up a flight of stairs and into her own suite of rooms. Although she had occupied the same suite of rooms for more than a year, this was the first time she had put her foot on the floor. In addition to the loss of sight, she is very far from being well, for any extra exertion, or any undue excitement, whether of a pleasant or unpleasant nature, will bring on increased pain and burning at the back of the head and more or less loss of normal feeling—particularly in the hands. Twice already, since her return to the city this has taken place, but on each of those occasions she bled from the nose and was relieved.

During the time that this case has been under my care—nearly two years—many remedies have been given to meet varying condi-

tions, but throughout the entire period my main dependence has been placed upon the Tinct. of Gelsemium—green root. This was given to reduce the amount of blood sent to the brain, and so give the clot that I said was there a chance to be absorbed.

*ANACARDIUM.

By William Boericke, M. D., San Francisco, Cal.

The homoeopathic *Materia Medica* as we have it today is a record of both pathogenetic and clinical symptoms of very unequal value. Accurately observed, carefully sifted and painstakingly recorded facts on the one hand and rather questionable, supposed effects of drug action on the other.

The basic principles of Homoeopathy are indeed true, absolutely so for all time, but the effort to embody these principles into a practical art by the creation first of all of a *Materia Medica* to work with—this embodiment is necessarily a thing of growth, of development, a human document liable to error and necessarily to limitations. Hence confirmation and verification of the recorded symptoms as found in our text-books is the desirable and essential thing for the purification of the *Materia Medica* and its establishment as the final court of appeal.

The genius for proving medicines in the homoeopathic sense, and especially the genius for interpreting the morbid life which such provings portray and dramatize is a great and rare gift given to but few in a century, but among them Hahnemann and Hering stand out as stars of the first magnitude whose light will illumine the homoeopathic world for all time.

When Hering began the publication of his *Materia Medica* he was criticised, and justly so, for including many symptoms that had not been submitted to critical analysis, but he answered effectively in quoting the language of Incarnate Wisdom: "Let both grow together until the time of the harvest." The harvest here being the test at the bedside—the clinical test—with the resultant acceptance or rejection, as the case may be.

Surely this must be the attitude of the school in developing this new science of true pharmacodynamics—the mighty arm of the true science of therapeutics by means of drugs. I have chosen *Anacardium* because I can confirm some parts of its symptomatology, which

*Reprint from *Medical Century*.

I hereby offer rather than a general presentation of this interesting drug.

The different members of the Anacardiaceae family, including the varieties of *Rhus* and *Comocladia*, all possess poisonous properties, poisoning the blood and developing an eruption on the skin which is at first a mere erythema, then papular, vesicular and finally pustular and eczematous. It is a true dermatitis with burning, itching, redness and swelling. After some hours wheals, firm and solid, arise which change into vesicles, at first pea-like and flat, but soon coalescing to form large bullae which open and discharge a turbid, purulent matter; the cuticle then falls off, leaving the exposed cutis swollen and congested, suppurating profusely. If protected the spot may skin over in about ten days. This blister-like eruption, the erythema with the characteristic sensations of itching and burning, remind us of our familiar poison oak, for which it is an excellent antidote.

The effect of *Anacardium* on mucuous membranes was strikingly shown on a patient of Dr. Breyfogle, to whom he gave the 1x for excessive nervousness, a dose every four hours. Soon the mouth became sore, burnt, the slightest touch unbearable, vesicles appeared, salivation, gums similarly affected. At the same time skin symptoms developed on wrist, ankles and later over body; worse about anus, all itching and burning, but **relieved by hot water**. Urticaria followed before recovery.

This marked action of *Anacardium* is very characteristic and interesting. Several years ago I accidentally got some of the mother tincture on my hand. I thought nothing about it after wiping it off. After three days the regular evolution of the skin action of the drug began. With the intensest itching and burning bullae formed, not alone on the hand where the tincture had come in contact, but on forearm as well. Soon suppuration set in and a most obstinate series of wounds showed themselves that required days to heal. No other symptoms were noticeable unless it was the mental state of outspoken irritability which, however, is not immaterial to my otherwise gentle demeanor.

Once again in making an attenuation and thus handling the mother tincture I had the misfortune to again drop two or three drops on the palm of my left hand. Remembering clearly the annoying suffering of the former carelessness, I rushed to the water faucet and thoroughly cleaned my hands immediately. Imagine my surprise when, after about three days all the former local skin symptoms developed in the regular order, but on the right hand, not on the one

that received the impress of the tincture. This absence of local response and the time required clearly showed that the skin action was a constitutional thing, and not a mere local action. Again I remember the intensity of the burning and itching and the one temporary relief from the use of hot water.

A case was reported by Dr. Swift, in the Medical Century, where *Anacardium* had been given for some stomach trouble. After two days skin eruptions showed themselves on thighs especially, a rosy rash with here and there a papular eruption which later terminated in vesicles. The elective affinity of *Anacardium* to the skin is thus shown clearly, no matter by what avenue it reaches the organism.

I have utilized these skin symptoms of *Anacardium* in many cases of Poison oak and find it with *Rhus* high the most useful remedy in this common Pacific Coast complaint. I had another interesting and prompt response in a case of erythema multiforme. The young woman, a school teacher, after an unusually severe mental strain in the line of her work, found herself covered with an intense itching and purplish in coloration, especially on abdomen, back and all down the legs. Her physician, an excellent man, had prescribed various applications and remedies with no results whatever, so he sent her to me to find the remedy, as he said. I gave her *Anacardium* 6x and nothing locally but cornstarch, with improvement after a few days and complete cure in two weeks. A return after two months of the same condition, but much milder and more modified, required *Anacardium* once more, and it cleared up in a few days. There is another skin lesion that is obstinate and it is *Lichen planus*, for which *Anacardium* is indicated.

Anacardium illustrates the important value of observing the correlation of symptoms. Here the skin symptoms with the gastric disturbances and again the mental state form the three phases of characteristic disturbance. Not that we do not get curative response if only one is present, but when *Anacardium* proves the similia we generally have two or all three. Thus in my erythema case it was the impress on the nervous system by prolonged study plus the skin lesion that called for *Anacardium*.

This correlation of symptoms is seen also in other conditions produced and cured by *Anacardium*. Thus loss of memory, so marked a condition of this medicine, is often associated here with melancholia again with deafness and again with tendency to use violent language. So we may have palpitation, especially in old people, when compli-

cated with slight difficulties, as coryza or rheumatic affections. Also eczema with this same great mental irritability, etc.

We next pass to a consideration of the gastric symptoms. Here we find one condition of the greatest importance as a guiding symptom. **It is the marked temporary amelioration from taking food.** Such a modality we meet with in cases of nervous dyspepsia, in brain workers, professional and big business men, after close and prolonged application. The distress is great, but invariably relieved by a little food. I remember well the case of a prominent wholesale druggist who had suffered much in this way, and after the use of various drugs and digestives, all to no purpose, was advised by his physicians to give up business for a time and go abroad. In despair he was recommended to try Homoeopathy. I found he could only go through his day's work by having milk at his desk, and taking it occasionally the distress would be temporarily appeased. This keynote together with the history of mental work and strain and closest application led me to Anacardium—the first homoeopathic remedy he had ever taken. The result was surprising to him and gratifying to me. Complete relief within a few days from sufferings of many months. Two years after he returned again with similar symptoms, and again the Anacardium brought prompt and permanent results.

I have many times verified this modality and correlated symptoms of Anacardium. But I am afraid of giving the remedy too low—the 3d and better 6th and later 30th answer all purposes. Aggravations undoubtedly occur in sensitive individuals when lower potencies are used.

Weakness of memory is one of the conditions for which Anacardium has been used long before Homoeopathy established its scientific basis by provings. Again, every kind of intellectual labor is difficult for him. Dull head and senses with prostration. Any little effort of the mind causes a sensation as if the brain were bruised. The ancient reputation of Anacardium as a remedy for weakness of the mind, memory and senses, a preparation of which was known as Confectio Sapientium. But some preferred to call it Confectio Stultorum because many had lost their memory and became mad on account of using it too often, thus proving its homoeopathicity.

In old age it is an excellent palliative with rapid loss of memory and mental vigor. In neurasthenia, with poor memory, depression, headache, worse any attempt to use brain, better by eating a little, anxiety when walking, as if some one were pursuing him, full of sus-

picion. Rectum feels powerless and plugged up. Sensation of a plug in various parts of the body.

Nervous exhaustion from over-study, unwonted mental labor preceding examinations, etc., find a good friend in need in Anacardium.

It is the remedy after acute diseases, typhoid, etc., when the mind fails to regain its power and former strength, although the corporeal powers have been completely restored.

So far my experience has verified the provings and confirmed the more general experience of the school. But there are most interesting mental symptoms, which ought to find frequent application and undoubtedly are used advantageously. First the great irritability—takes everything in bad part and becomes violent. Excessive anger at a slight offense, breaking out in personal violence. Irresistible desire to curse and swear.

He has mental ilusions. Hears his name called, has presentiments of evil.

Fixed ideas—that he is double, all is a dream, her child not her own. Sees a coffin with himself or some friend as occupant. Strange forms accompany him. A demon sits on his neck and tells him most offensive things, whispers blasphemy in his ears.

He seems to have two wills, one commanding what the other forbids. Two different influences seem to be exerted upon him at the same time, one to do murder and the other to do good. In one ear a devil prompts him to murder, in the other ear an angel prompts him to acts of benevolence. It is Dr. Jekyll and Mr. Hyde over again.

These verbal obsessions in which obscene or blasphemous words constitute the morbid element may go on to blasphematory mania, where oaths, blasphemies and indecent utterances are heard and spoken.

Anacardium ought to prove invaluable in hysterical states, in forms of insanity where there is this anxiety about the future, presentiment of misfortune, hallucinations, want of moral and religious feeling, sense of having two wills; a kind of dissociation of personality. Fears that he is pursued or suspected. In general it cures a great variety of troubles associated with profound melancholy and hypochondriasis, associated with complete loss of memory or with tendency to use violent language.

Groups for study with Anacardium: Picric acid, Nux, Kali carbonicum and Zinc.

***NEW WRINKLES IN OFFICE TECHNIQUE.**

By Charles E. Buck, M. D., Boston, Mass.

*Read at Boston District Eclectic Medical Society meeting, Oct. 29, 1913.

As long as old King Solomon said to somebody, some time back, that there was "nothing new under the sun," it would seem as though there was little chance to offer any new ideas at this late day, if everything was old then.

Undoubtedly the old king was very wise, but his manifold duties were of such a nature that he evidently overlooked a few points of technique in office medical procedure, which may be of interest to readers at the present time.

In a general practice, including considerable office work, it is quite essential that a busy practitioner should have a routine technique that will admit of his receiving patients who need various forms of treatment, with dispatch, efficiency and as little disturbance as possible.

He must, of necessity, run the whole gamut of modalities from minor surgery and Radiography to chronic indigestion, and, when he dismisses one patient, he should be able to "straighten things" in his office in a very few moments so that he may receive his next patient acceptably.

It is with this idea in view that I offer a few wrinkles in technique that, while they may not be new, may be of interest to some readers.

First, we must consider **Antiseptics**.

Rubber gloves are not always available, and it is not safe to be without some reliable protection for ourselves and the patient. Of the many safe emergency agents, I have never used anything any more efficient than **Denatured Alcohol**. If one will simply wash the hands with a good hard brush, clean the nails, and then dip the hands into Denatured Alcohol for ten or fifteen seconds, allowing it to dry spontaneously, there will be very little danger of contracting or contributing any infection, whatever material is being handled. If further protection is needed, anointing the hands and lower arm with two per cent. carbolyzed oil—ten minims carbolic acid 95 per cent. in one ounce cottonseed oil—will afford the remedy.

As to the agent to use in minor surgery, Churchill's Tincture of Iodine, in a slightly modified form—Iodine half drachm, Potassium

iodide one drachm, water eight ounces—is far and away the **best** to use. It may be diluted to any strength with water and is efficient in all strengths and can be used in all cases. After the operation, give it in diluted form for a moist dressing.

Next to the Antiseptics in importance is the **Local Anesthesia**.

This may take the form of freezing for which Ethyl Chloride is ideal, or some one of the subcutaneous injections, such as cocaine or quinine and urea hydrochloride. Of these two the latter is by far the best for two reasons. First, it is absolutely safe, and second, it produces an anesthesia that lasts much longer than does the cocaine. One never knows, when they administer cocaine whether they are going to get a bad reaction or not. There is no such uncertainty with quinine and urea hydrochloride. It always works well and never kills.

After the operation comes the **Dressing**.

For a general dressing for all sorts of wounds, there is no agent that will prove as satisfactory as the old Diachylon ointment carbolyzed 1 per cent. It never causes "proud-flesh," and never heals as long as the wound is unhealthy. It stimulates healthy granulations as nothing else will do, and when a wound is healed ready for the skin to form, it does so without any other procedure.

After the dressing comes the **Bandaging**.

Ordinary bandaging needs no comment, but it is about bandages and dressings in places where it is difficult to retain a bandage that we would speak now. If, for instance, it becomes necessary to dress an abscess on the gluteal muscle of the thigh, or elbow, one finds it very difficult to apply a dressing that will stay for any length of time. To remedy this difficulty take a strip of "Z, O" adhesive plaster, either 1 1-2, 2, or 2 1-2 inches wide, and the right length to reach sufficiently well away from the wound on both sides to serve as an anchorage. Now place ordinary hooks and eyes on the edges—hooks on one side and eyes on the other—of these strips of plaster. Apply the dressing to the wound, and loop rubber bands into the eyes on one strip of plaster and stretch them over the gauze dressing and attach them to the hooks on the other side. When it is necessary to redress the wound just unhook the rubber bands, remove the soiled dressing, apply new, and hook the bands again. This appliance will remain in place for a month. It makes a neat and convenient form of dressing that will remain in place, and is not bulky.

If one wishes to make a vaginal examination for a bacteriological test, a test tube, with a fenestra ground about an inch from the bot-

tom, makes a very convenient instrument to use. Simply introduce this into the vaginal orifice as deeply as required, turn it around two or three times and remove. It will bring a sample of the contents of the vagina with it from which smears can be made. If this matter decolorizes a weak solution of iodine or permanganate of potassium, or effervesces with peroxide of hydrogen, it is pyogenic.

To apply a tampon packing without the use of a speculum is very desirable sometimes, especially in the case of a nervous patient, and when the light is poor. Take a glass tube about six inches long and 3-4 inch in diameter. Have a plunger made for it by any wood turner. Now to make a tampon use plain lamb's wool. Take a piece about the size of a small egg, tie a piece of twine around it, drop this through the tube and pull the tampon into the tube about half way. Medicate—in situ—with whatever you wish. Now introduce the tube into the vagina well back, and with the plunger force it out into place and remove the empty tube. The tampon can remain in place as long as necessary, then remove it with the string. This is a very handy little apparatus that can be used in the office or at the bedside. It does its work modestly and effectually.

***THE ECLECTIC AND HOMEOPATHIC SCHOOLS.**

By T. H. Carmichael, M. D., Philadelphia, Pa.

Every true physician must be an eclectic, that is, he must feel free to select from every possible source those methods and things which in his scientific judgment are best adapted to the prevention and cure of disease.

In the palmy days of the Roman Empire a medical sect flourished which made this eclectism the technical basis of its practice. It apparently disappeared with the fall of the Empire.

It was officially revived in the United States in 1845, when a college was founded in Cincinnati known as the Eclectic Medical Institute, whose prospectus announced that it would teach an eclecticism that would consist in the exclusion of remedies "which are liable to produce evil consequences or endanger the future health of the patient, while we draw from any and every source all such medicines and modes of treating disease as are found to be valuable and at the same time not necessarily attended with bad consequences."

*From The Journal of the American Institute of Homeopathy.

The first result of the application of these principles was the rejection of mercury, arsenic and antimony and all of their preparations in the crude and dangerous manner in which they were employed, and the attempt to substitute for them vegetable remedies whose effects were supposed to be somewhat similar. Gradually, however, in these later years these mineral poisons have found their way back into eclectic use, but as safe therapeutic remedies, for they are prepared in the same manner as in the homoeopathic pharmacy, and are recommended mainly in the same dosage and for the same general uses as in Homoeopathy.

Eclecticism as a school of medicine found considerable favor among medical men, especially in the Middle West, until its adherents were next to those of Homoeopathy in point of numbers, and when state medical examination was fastened upon the general profession it was rightfully entitled to a separate board of medical examiners.

As a second result of the original effort in 1845 to avoid the use of remedies "which are liable to produce evil consequences," there has been developed in a general sense an eclectic materia medica whose underlying principle is mainly the law of similia. This fact is, of course, not recognized or even thought of by the eclectic, who is not concerned with the principle upon which his remedy acts, but selects it because in his judgment it is the best remedy for the case in hand. For illustration, the following syndrome, copied from an eclectic work by Dr. J. S. Niederkorn, would suggest the same remedy to the homoeopathist: "Flatulent colic, usually with a diarrhoea with greenish discharges and of foul odor. Patient is irritable and over-sensitive; little ones have abdominal pain and want to be carried; head sweats; cheeks alternately red and pale." Chamomilla is obviously the remedy, and it is to be noted that the eclectic is not prescribing for the name of any disease, but for the group of symptoms as found in the individual patient. It is also safe to say that in no allopathic college would students be taught to give Chamomilla for the above syndrome.

Again, take the following group of psychic symptoms from the same book for which Pulsatilla is recommended: "Mental depression, nervousness, dizziness, restless, has an active imagination for disease; fear of impending danger; sadness; tendency to weep," and they mean the same, if not more, to the homoeopathist, for he will say Pulsatilla must be the remedy for this syndrome because it will cause it.

Indications for the use of the various remedies as given in literature supplied by Lloyd Brothers, of Cincinnati, are in most cases identical with their homoeopathic usage.

Of course, there are marked differences between the two schools. While eclectics employ small doses (comparatively speaking), they do not use remedies in the attenuated form recognized in homoeopathy.

The eclectic frequently combines or mixes remedies—the homoeopathist never does. It would be more accurate to say that combinations are not recognized in homoeopathy, for some adherents of the school certainly use large quantities of compound tablets prepared for them (unofficially) by homoeopathic pharmacists.

It is not, however, to point out differences but to emphasize agreements that this paper is written.

There is a vital resemblance between the two schools in the fact that they both exalt therapeutics; they have a lively confidence in the action of their remedies, therapeutic nihilism has never clouded their mental horizon; the various freaks and fads which in these later days visit medicine like the autumnal meteors are viewed with serenity, and if, perchance, one strikes terra firma, it is carefully analyzed for the presence of real values; they both prescribe remedies for living individuals and not for pathological results first observed in the dead house.

These points of similarity make the eclectic and homoeopathic schools natural allies in all that tends to advance therapeutics along practical lines. While the press every few days has startling announcements of the discovery of a remedy that will annihilate a disease, homoeopathists and eclectics pursue the even tenor of their ways, applying different remedies to the ever varying manifestations of that disease in different persons. It is not too much to claim that the advanced men in both these schools think along the same lines, therapeutically.

To them the main thing in medicine is the healing of the sick, and what is known as preventive medicine is considered as largely a question of hygiene or sanitary science.

The homoeopathist is glad of the demonstration of the truth of the law of similars, which is so frequently seen when remedies finally find their true places in therapeutics, because these are vindications of the law which justifies the existence of his school; but he is one with his eclectic brother in that in addition to the law of similia he also claims "all that pertains to the great field of medical learning."

These two schools of medical practice should be brought closer together so that they may present a united front in all that concerns their interests. They have more in common than either one has with any other school. In the United States medical legislation has assumed such protean forms and so much of it is adverse to the best interests of the profession and the advancement of true medical science that a concentration of the forces of these two schools against most of these schemes would seem to be the policy of the hour.

Within a year initial attempts have been made in several states to introduce laws which would interfere with the full freedom of the physician to dispense his own remedies. Such laws would affect materially the interests of homoeopaths and eclectics, and can best be effectually killed by united action.

All the subtle attempts to regulate the practice of medicine or to interfere with the rights of the medical profession under the guise of national health laws or the establishment of a Department of Health as a part of the Federal Government should meet with the united resistance of both schools.

The encroachment of state medical examining boards upon the rights and privileges of both practitioners and legally chartered medical colleges should be met by united opposition.

The attempts to confine the practice of surgery by law in the United States to members of an American College of Surgeons, somewhat after the fashion of the Royal College of Surgeons in England, should be fought by both schools as an interference with professional rights, besides being detrimental to the best interests of the people of this great country, where conditions are so different from those existing in congested England.

The above are some of the instances where united action upon the part of the two schools may successfully oppose legislation which, if enacted, will not only limit the privileges of the medical profession in the United States, but will be especially harmful to the prospective growth of the eclectic and homoeopathic schools, as these various enactments will place the political control of the medical profession in the hands of interests that are inimical to their very existence.

It is not only as a league for defense but for effective offensive work that the two schools should come together.

Eclectics and homoeopaths should do effectual work towards the elimination of the patent medicine evil. It is their privilege and duty to teach the public that the only therapeutics that can claim to be

scientific is that in which individuals are treated—not diseases. They only are competent to teach this fact, because they do not prescribe for diseases, neither is their time occupied in vain attempts to produce a remedy for a disease. It is only education along this line that will ultimately cause the elimination of the so-called patent medicines.

To homoeopaths and eclectics there is an opportunity to do aggressive work for the establishment of sane therapeutics by showing to the public the facts about their remedies—that such medicines as Cactus, Baptisia, Pulsatilla and others derive their value from their action upon human beings and not upon the lower animals, and that this knowledge of the action of remedies and not that alone from animal experimentation establishes the value of a medicine as a curative agent.

It was with some of the above thoughts in mind that the writer in his address at Pittsburgh advocated closer relations between these two schools of medicine. They are serious problems confronting the medical world. They must be solved wisely and some must be assailed vigorously. Let us get together and their solution will be easier.

THE TREATMENT OF PRE-TUBERCULOUS STAGE OF CONSUMPTION.

Alfred S. Gubb, M. D., L. R. C. P. Lond., M. R. C. S. Eng., D. H. P.,
etc., Aix-le-Bains, Savoie, France.

Except for the discovery of the bacillus of tuberculosis, the most interesting outcome of recent research has been to show that the germs of tuberculosis will only grow on suitable soil, that is to say, soil which has been prepared for infection by inherited or acquired debility. It is this stage of liability to infection that constitutes the so-called pre-tuberculous period, the investigation of which has revealed several interesting facts.

Thanks in a great measure to Professor Albert Robin of Paris, who made a special study of the physiological features of this pre-tuberculous period, we know that it is characterized by a curious but striking instability of the mineral constituents of the tissues, notably the chlorides and phosphates. This tendency to phosphaturia of course is by no means peculiar to tuberculosis, for in a more or less fugitive form it is met with in many morbid states, from simple dyspepsia to albuminuria. The distinguishing character of the leakage of phosphates occurring in connection with tuberculosis is its constancy. It is this constancy that constitutes its gravity, because, in the long

run, it determines pronounced impoverishment of the tissues in respect of their mineral constituents.

It would be rash to assume forthwith that the amenability of the tissues to tuberculous infection is the direct, inevitable consequence of this loss of phosphates, because the inability to hold and to retain the mineral elements may, after all, be merely an outward and visible effect of the same vital weakness that creates the proneness to infection, just as the loss of appetite determines a state of debility that predisposes to infection from lack of nourishment.

However produced, and whether due to an inherited inability of the tissues to maintain their nutrition or to the disturbing influence of chronic intoxications and other causes of organic debility, the persistent phosphatic waste engenders a state of malnutrition that places the organism in a manifest condition of inferiority.

The recognition of this predisposing process affords a clear indication for treatment, and the measures that have for their object the remedying of this source of debility and the cutting short of the pre-tuberculous stage constitute the prophylactic treatment of consumption. Just as drainage and the application of lime to an impoverished land wards off mildew and blight that attack imperfectly nourished vegetables, so hygienic measures and the administration of lime salts to persons who are threatened with consumption tend to enable the tissues to resist their natural enemies.

That this is no mere theoretical conception is shown by the comparative ease with which threatened consumption, and even the incipient stage of the actual disease, can be averted or cured by appropriate treatment. Remove the cause, said Hippocrates, and the effect will disappear, and in most instances it is possible to remove the cause of the predisposition to phthisis.

But before we discuss the treatment there is another physiological factor that calls for notice, namely, the persistently low arterial tension. So constant is this low blood pressure that it is now regarded in the absence of any other explanation, as diagnostic of impending consumption. A young man apparently in the enjoyment of a fair standard of health, whose blood pressure is persistently below 110 millimeters should be looked upon with suspicion, although for the time being there may be no signs of pulmonary mischief accessible to the stethoscope.

The two principal features of the pre-tuberculous stage of pulmonary tuberculosis are, therefore, increased elimination of phosphates and a persistently low blood pressure.

Other disturbances of the vital processes have been noted—changes in the respiratory quotient, for instance—which likewise possess grave significance, but we need not dwell upon these, seeing that they have no direct bearing on treatment.

Inasmuch as the phosphatic waste may conceivably be due to tissue debility, it behooves us to place the organism under conditions favorable to its recuperation, and these may be summed up in the therapeutical trinity: fresh air, good food, and rest. These alone, however, may not suffice to restore the nutrition of the tissues. There is lost ground and arrears of nutrition to be made up, and it is asking too much of the jaded organism to expect it to “pay in advance,” that is to say, not only to secure the adequate nutrition of the tissues which it has so far been unable to obtain, but also to restore the debit balance created by past depredations.

Medicinally the plan of campaign is already traced. We are called upon to make good the phosphate waste (and incidentally the chloride waste as well), and to stimulate the processes of nutrition by raising the blood pressure to a higher level. Higher arterial tension means freer irrigation of the tissues; freer irrigation of the tissues, in its turn, means improved nutrition. Now lime and strychnine both tend to raise the blood pressure, and if they be given in the form of phosphates, all the therapeutical indications will have been fulfilled.

Some phosphorus compounds, however, are more readily assimilated than others, and for this reason it is better to employ the hypophosphites. In order to facilitate their apprehension by the tissues the phosphorus should be administered in combination with various bases, and advantage may be taken of the opportunity to introduce medicinal tonics, such as quinine, iron, manganese, potassium, etc. Such a compound is presented in the well-known Fellows' syrup, which must have been devised in deference to the principles enunciated above, and has justified its existence by the results that follow its employment.

Its success, in all probability, is due to the fact that, by enhancing arterial tension, it enables the tissues to avail themselves of the accompanying phosphorus salts and so to reconstitute their nutrition. Under its influence, indeed, the subject gains in weight while his digestion, in common with the other vital functions improves; and the state of physiological misery gradually disappears.—The Medical Herald.

**THE HISTORY OF MEDICINE FROM EARLY ANTIQUITY
DOWN TO THE OVERTHROW OF THE WESTERN
EMPIRE IN THE YEAR 475 A. D.**

Part II.—The Philosophy of the Greeks down to the time of Plato, and its share in the theory and material of Medicine. About B. C. 600 to B. C. 430.

By Charles E. Buck, M. D., Boston, Mass.

(Continued from page 24, Vol. viii.)

The philosophy of the Greeks exercised a very essential influence upon their medicine, from the fact that nearly all of their philosophers were metaphysicians—natural philosophers—or physicians in the common understanding of the term. The fundamental principles of all the “cults,” of which there were many, were so closely interwoven that it is difficult to keep them separated in conception or practice. The whole medicine of the Greeks seems to bear the character of a philosophical science.

Hippocrates, of all the ancient physicians, is the only one who introduced empiricism and placed it in the class where it belonged.

The so-called Ionic School—about 600 B. C.—was founded by Thales of Miletus, a pupil of the Egyptian priest and a contemporary of Alceus of Mytilene and Sappho.

The physiological and pathological views of that school and time, may be noted in the following interesting details.

“The animal body, by means of a kind of affinity, appropriates to itself from the nutritive supply the portions similar to itself. Males originate in the right and females in the left side of the uterus. Diseases are occasioned by the bile which penetrates into the blood vessels, the lungs and pleura.”

The theories of the circulation of the blood, in its essential characteristics, seemed to be understood, for mention is made of the “left Ventricle, the Aorta, the Carotid and the pulse.”

Probably Empedocles of Agrigentum—B. C. 504 to B. C. 443—who assumed the four elements, Water, Air, Fire and Earth, was one of the most influential of the old teachers in propagating ideas which have survived this age. He claimed that nothing could either originate or be destroyed, but that all changes were simply those of form. The four elements were deified and the friendship or displeasure of either was supposed to account for the untoward conditions that prevailed in any grave case.

Men, beasts and plants, he considered demons punished by banishment, who, through purification might again attain to a residence in Sphairos, the seat of the gods. It was in accordance with these views that he treated all diseases by theurgic means, which demonstrates the fact that he knew the etiology of pestilential diseases, for he banished epidemics by building fires and draining the stagnant swamps. He comprised bacteriology in the word "Pestilence" and accomplished his purpose accordingly. He disregarded the gods and took the initiative himself in many of his procedures, which accounted for his success.

He believed that the sex of the embryo was determined by the predominance of the "warm or cold" temperament of the parents, a theory which holds good to a surprisingly large degree in average cases today. He believed that the embryo was nourished through the naval, and to him we owe the terms amnion and chorion. Death resulted from the extinction of heat, the effect of separation of the elements. Expiration and inspiration were dependent on the movements of the blood.

The famous teacher aspired to be a god, and dressed in the most impressive regalia, and is said to have raised a woman from the dead. Most of his subjects thus revived were women. He is said to have "passed out" in a blaze of glory, and was placed among the gods.

(To be continued.)

Medicine and law are alike in this respect, that neither can be thoroughly established. Good laws cannot be enacted on the spur of the moment; they represent the gradual growth of a social habit or custom, so that by the time the law is ready to be enacted by a legislative body it has already become a practical law among the community.

The same is true of a remedy. Medicine comes and medicine goes, but only those based upon logic and having proved their therapeutic efficiency by the incontrovertible evidence of clinicians continue to live and grow in popularity. Such a product is Hayden's Viburnum Compound. Its reputation rests upon a half century of actual testing at the bedside and in the physician's office, and its reliability is as dependable as that of a law which has been operating in a community for a long time.

DIETETICS

THE CHEMISTRY OF STARCH TRANSFORMATION.

What follows has been gleaned from a variety of sources, and it was thought it might prove of interest to the readers of the *Journal of Therapeutics and Dietetics*, hence it finds a place in this issue.

Our minds being occupied with the important chemical and medical matters of today, we are likely to overlook the discoveries of the last century, discoveries that were called great, attracted world-wide interest and became the very foundation upon which we now build things of still greater value. Not the least of these is the history of the chemistry of starch transformation.

The substances which we now comprehend under the term "carbo-hydrates" are co-eval with the creation. The vegetable kingdom abounds in them and the animal kingdom is also their home.

Starch and sugar, important carbohydrate constituents of seeds, roots, plants, grains and fruits, have been, through all the ages, the food of mankind and of inferior animals. The young of mammals have been nourished with milk, an important constituent of which is sugar; the honey bees have laid up their stores of sugar, of which both man and beast have been eager to despoil them; oyster shells found in kitchen middens make known to us that the delicious mollusk was precious to the palates of peoples of prehistoric and neolithic ages, though its carbohydrate constituent, glycogen, was then unknown and was unnamed for centuries thereafter.

In Nature's laboratories the transformation of the carbohydrates from one form into another has gone forward in the development of both plant life and animal life. Man imitated some of those processes many thousands of years ago, but the chemistry of the carbohydrates is of a very recent date. In India, from time immemorial, sugar has been made from the sugar-cane which was itself undoubtedly primarily an edible, as it is even to this day. The ancients believed that the sweet juices of fruits came from principles closely related to cane sugar and honey. Not only was wine made from the grape in the earliest times, but it was attested by Egyptian manuscripts written 3000 years B. C. that the art of brewing beer from barley and other grains, in which the transformation of the carbohydrate, starch, into sugar takes place, had at that time long been known and practised.

Sugar from the cane was the only sugar known as a pure substance till Bartoletti in 1619 isolated and proved the individuality of the sugar in milk, and the knowledge of chemists of any others beyond the sugars from these two sources was entirely indefinite until the middle of the 18th century. Marggraf then discovered the sugars of the juices of beets, carrots and certain other roots to be identical with cane-sugar. Soon after Lowitz showed that the sugar in honey was different from cane-sugar, and this was confirmed by Proust who further discovered honey sugar to be identical with the sugar largely present in the juice of the grape. Proust concluded that the sweetness of vegetable juices was owing to one or more of three species of sugar: namely, cane-sugar, grape-sugar and fruit-sugar.

Early in the 19th century the various modifications of starch under the action of heat, acids, certain vegetable infusions, and animal extracts engaged the attention of chemists, and investigations have gone steadily forward up to the present time as to the structure and characteristics of starch and its transformations.

In 1811 Vauquelin noted that starch by being heated somewhat strongly was changed into a gummy substance entirely soluble in water. At or about the same time Kirchof found that starch boiled with dilute sulphuric acid was converted into a sugar.

Vogel, in 1812, also found that a substance resembling gum was formed when starch was acted upon by dilute acid.

Stromyer, in 1813, discovered the iodine reaction of starch.

In 1819, De Saussure isolated the sugar produced by the transformation of starch and described its crystalline habit.

To the gum formed by the transformation of starch, Biot and Persoz, in 1833, gave the name dextrin, and the same year Payen and Persoz gave the name diastase to the agent in malted grain which transforms starch.

Thus the able chemists of the 19th century presented their views which were destined to be followed later with more important work by others that really formed the basis that now makes possible the every-day practicable application of certain principles for the everlasting benefit of mankind.

The most noteworthy chemist in this work was Louis Mialhe, who occupied a very important position in the scientific world from 1838 until his death in 1886. Louis Mialhe, born at Vabre (Tarn) November 5, 1807, and receiving the educational advantages of his day, rose rapidly in his chosen profession, and he was made a pharmacist of the first class in 1836, two years later became Doctor of

Medicine, and still later was appointed Pharmacist in Chief to the Emperor. His works were many, almost all being presented to the Academie de Sciences or to the Academie de Medicin.

In 1845 Mialhe announced in his memoire to the French Academy, published that year in "Comptes Rendus," his discovery and isolation of the ferment of the saliva which he called animal diastase, and he showed that the action of malt diastase and the action of the animal diastase of the saliva upon starch, transforming it into dextrin and sugar were identical. This discovery was one of the most important in chemical physiology made up to that time.

The discoveries relative to the chemistry of starch made by Mialhe in 1845 were of the greatest importance and he himself suggested that, as the action of malt diastase and of animal diastase upon starch were identical, malt diastase should be employed in solving the problem of the artificial feeding of infants.

Up to 1860 the artificial feeding of infants had been the subject of but little scientific investigation. Cow's milk had been largely employed, and the milk of asses and goats to a slight extent. That the digestive powers of infants were inadequate to the digestion of cow's milk in its natural state was fully recognized, as was also the fact that cow's milk differed from human milk in the proportion and character of the constituents. Attempts were made to obviate the difficulties encountered, by diluting the cow's milk with water or lime water, by boiling or scalding the milk, by sweetening with cane sugar, or in a few cases with milk-sugar, by the use therewith of bread pap, of cooked arrow-root starch, or cooked flour or one of the farinaceous foods.

Baron Justus von Liebig, recognizing the lamentable failures of the methods and means that were being employed in the artificial feeding of infants, after full and careful investigations and experiments, adopted the suggestion of Mialhe and devised his famous formula, published in 1860, for the extemporaneous modification of cow's milk as a food for artificially fed infants.

By cooking together certain proportions of cow's milk, water, wheat flour, barley malt and bicarbonate of potassium Liebig obtained a mixture containing the proper constituents in the right proportions for the nourishment of infants and fully adapted to their digestive requirements.

In actual use this modification was attended with the most gratifying results, but its preparation in the home took too much time and was rather complicated; some simple means for making the modifica-

tion was much to be desired. A few years after the publication of Liebig's formula, Gustav Mellin, who had been an assistant of Mialhe when he was making his investigation in 1845, set himself to work to devise a product that would fulfill the requirements of Liebig's formula and at the same time be practical for the mother or nurse to prepare. The ultimate result attained in 1866 was the production of a soluble, dry extract of wheat, malted barley, and bicarbonate of potassium; these constituents being manipulated until the starch of the grains was converted into soluble carbohydrates, maltose and dextrins, and by evaporation reduced to a dry powder consisting of maltose, dextrins, proteins and salts. Mr. Mellin named this product "Mellin's Food" and from its first introduction it met with marked favor, soon receiving the high commendation of physicians and extending in use to the position of being well and favorably known throughout the civilized world.

From the foregoing it will be seen that Mellin's Food was the first preparation of maltose and dextrine presented to physicians in serviceable form and it stands today as a true representative of Liebig's principles. Too much credit cannot be given to the memory of Mialhe, Liebig and Mellin, when it is realized that the important steps successively taken by each has led to such a thorough knowledge of the chemistry of starch that the utilizable carbohydrates, maltose and dextrines, are available for the infant organism.

HOWES.

SOMATOSE.

In his text-book on "Materia Medica and Therapeutics," 1906, Dr. John V. Shoemaker remarks as follows on this preparation:

"Somatose, an albuminous food product, prepared from fresh meat, and retaining the proteid elements in soluble form, has been largely used of recent years in wasting and exhausting diseases, as a means of nourishing the sick. It is in the form of a light-brown powder, almost odorless, and not disagreeable to the palate. By adding a teaspoonful to a cupful of hot water, a form of meat-extract or beef-tea is made which is acceptable to very delicate stomachs and even checks vomiting and nausea. It may be added to coffee, broth, gruel, or other foods in cases of typhoid fever, cholera infantum, etc. A combination with milk is also offered, lacto-somatose, and one containing iron, ferro-somatose, which have a high therapeutic value in anemia, debility, lactation, and other conditions requiring increased nutriment."

ROUND TABLE

Queries to be answered in the Round Table should be addressed to Dr. Chas. E. Buck, 195 West Brookline St., Boston, Mass.

QUERIES—COD LIVER OIL.

Dr. Chas. E. Buck:—Will you please answer the enclosed in the Journal of Therapeutics and Dietetics.

Yours,

J. A. Burnett, M. D., Hartshorne, Okla.

Cod Liver Oil.

If one will read the article "Topical Use of Cod Liver Oil in Feeding Marasmatic Infants," Therapeutic Gazette, March 13, 1913, he will surely conclude that cod liver oil is a valuable remedy when used locally for systemic effect. I have always been interested in the external use of remedies for general systemic effect.

What will deodorize or mask the odor of cod liver oil that would not interfere in any way with it when used locally for general systemic effect?

Anything that would hinder the absorption or produce local irritation of course could not be used. Potter says: "Inunctions of cod liver oil is a method of value in wasting diseases of children. A table-spoonful may be rubbed into the skin of the abdomen twice a day and covered with a flannel binder having oiled silk or mackintosh cloth outside. It readily passes through the skin and is absorbed, producing valuable and lasting results."

Are either one or all of the following soluble in cod liver oil? If so, in what proportion? Quinine bisulphate, Salicylic acid, Camphor gum, Oil of eucalyptus and guaiacol—liquid.

What is the most palatable preparation of cod liver oil for internal use now on the market, that will produce all of the therapeutic effects of the plain cod liver oil?

The most palatable preparation of cod liver oil that I have ever found is Wampole's Extract of Cod Liver. It is stated by Wampole that the oily or fatty portion is eliminated. I always supposed that the oil or fat was one of the essential ingredients in cod liver oil and that fat is what was needed in tuberculosis and other wasting diseases. What about it?

Eli Lilly Co. make a Coco-Emulsion of Cod Liver Oil which I have never seen or tasted. It would no doubt be palatable to any one that does not abhor cocoa, provided the odor is masked, and it possibly carries all ingredients of cod liver oil and would produce full therapeutic effects.

In my practice I have found that not over one per cent. of my patients will take the ordinary preparations of cod liver oil on account of the bad odor and nasty, nauseating taste. Cod liver oil has been used hypodermically and found to be not suited for such use, as it produces too much irritation when so used.

Reply to Queries.

In regard to the topical use of cod liver oil, practitioners seem to differ in their opinions as to its value. Those who have used it in actual practice and base their opinions on results obtained therefrom, and not from what some one else says, do not think much of it.

If all cod liver oil in the market was pure oil of Cod Livers results might be better, but only about 25 per cent. of the commercial article is reliable. Messrs. Scott & Bowne, of New York, manufacturers of "Scott's Emulsion," control the supply of best "Norwegian Oil," which is the best article of commerce, and they use about all that comes to this market in their product.

There is no known deodorizer that is soluble in the oil, and is not of an irritant nature that can be used to disguise the odor of cod liver oil.

But why use cod liver oil for topical use when there are many other oils that will accomplish the purpose much better? The value of cod liver oil as a medical remedy lies wholly in its iodine content. This is what is contained in Wampole's and all other similar preparations. If one wishes an oil base, nothing is better than Peanut oil, and this can be iodized to the strength of 1-10 of 1 per cent., and this makes a beautiful preparation that will afford all the benefit to the system that can be hoped for from an oil and iodine preparation.

Locally there is nothing for an oil dressing for the skin equal to "Lanolin" or wool fat. This preparation is an animal oil that comes naturally from the skin, is odorless, and will absorb enough water to make it useful. It can be perfumed if one wishes, and is an ideal oil base for topical use in any event.

As to the best preparation of cod liver oil on the market, I can only refer you to one which I have used for many years, that is taken from the National Formulary. It is as follows:

PHOSPHATIC EMULSION.R_x

Yolk of Eggs	3
Glycerin	2 $\frac{3}{4}$
Cod Liver Oil (best)	8 $\frac{3}{4}$
Oil bitter almonds	6 gtts
Acid. Phos. dil	1 $\frac{3}{4}$
N. E. Rum (old)	6 $\frac{1}{2}$ $\frac{3}{4}$
Orange flower water imported	5 $\frac{1}{2}$ $\frac{3}{4}$

Mix as follows:—Rub yolks and glycerin into a smooth paste, then add the oil very gradually with constant rubbing in a mortar—or salad mixer. When the oil is all in add the oil of bitter almonds, then the Phosphoric acid, then the Rum, and then the Orange Flower water. All with constant rubbing.

This makes an ideal emulsion; one that is pleasant to the taste and very efficient as a tonic tissue builder. I have never found any other equal to it.

MEETING OF THE BOSTON DISTRICT ECLECTIC MEDICAL SOCIETY.

Boston, October 29, 1913.

The regular meeting of the Boston District Eclectic Medical Society was held this evening at the Quincy House, Brattle Street, being preceded by dinner in the main dining room. Those who failed to be present missed a good time and a profitable meeting.

In the absence of the President and Vice-President, the meeting was called to order by the Secretary at 8.15 P. M., and John Perrins, M. D., was elected as President pro tem.

The Secretary read the records of the May and September meetings, which were approved as read.

The application of Dr. N. F. Barronian, of 43 Dover Street, Boston, Mass., for membership in the Society was read by the Secretary and referred to the Board of Censors.

Charles E. Buck, M. D., gave an exceedingly helpful talk on "New Wrinkles in Office Technique" that was listened to with the closest attention by all present, and at the close of the talk a unanimous vote of thanks and appreciation was tendered the Doctor for his very valuable contribution. The gist of the paper may be read on page 57 although much that was valuable which occurred during the evening is necessarily omitted.

Dr. John Perrins gave us the early history of a case which he had referred to several times during his treatment of it the past twenty months. The complete case may be read on page 46 and will be found to be most interesting and one might say with truthfulness, almost miraculous.

The hour being late, it was voted to defer the other cases to be reported until the next meeting, and we adjourned at 10.15 P. M.

Present Drs .Perrins, Buck, Phillimore, Hills and Howes.

Visitor, Dr. Cox.

PITTS EDWIN HOWES, M. D.,
Secretary.

MEDICAL NOTES

Chronic Rheumatic Affections.—"I have employed iothion, usually in ointment form, in chronic rheumatic affections of the joints and pain in the bones, and always with considerable improvement. At the beginning I directed that a 10 per cent. ointment, and later, if necessary, one of 20 per cent., be rubbed into the painful area, from 1.0 to 3.0 gm. being used at a time and applied usually morning and evening."—Dr. E. T. De Markosfalva (Wiener med. Presse).

Advanced Pulmonary Tuberculosis.—"If hypnotics are called for, veronal, combined with two grains of caffeine, might be given; in the writer's experience it has given excellent results."—Dr. H. Hyslop Thompson (The Hospital).

Incipient Pulmonary Tuberculosis.—"In a case of incipient pulmonary tuberculosis which has been under continued observation an arrest of the process took place under treatment with guaiacose."—Professor Bruhl (Therap. Monats.)

Bronchitis and Laryngitis.—"In the early stages of bronchitis, and in laryngitis so often associated with influenza, heroin may be used for relieving the constant irritating cough and so inducing sleep."—Dr. Arthur Bousfield (Practitioner).

TREATMENT OF CYSTITIS.

In discussing the treatment of cystitis in his text-book, "Practical Gynecology," 1912, E. E. Montgomery, M. D., Professor of Gynecology, Jefferson Medical College, Philadelphia, Pa., states that "helmitol, grains 10, 3 or 4 times daily, has the advantage over urotropin in that it can be given effectively in either acid or alkaline urine. Both drugs should be administered largely diluted."

DIAGNOSIS AND THERAPEUTIC HINTS.

"The initial bronchitis of typhoid fever may be so severe as to concentrate our attention on that condition. Or typhoid may set in with an unmistakable attack of acute lobar pneumonia which may entirely overshadow, or even obliterate, the usual low leucocyte count and slow pulse of typhoid. No amount of care will save us from this mistake, if it can justly be so called. The term pneumo-typhoid should not be used for these cases."—Dr. Charles Edward Nammack (Medical Record).

MIDDLE EAR CATARRHS.

In a report (1912) from the Department for Diseases of Ear, Nose and Throat of the St. George Hospital in Hamburg, there is given a tabulation of 966 cases of suppurative middle ear catarrh, of which 304 were in the acute stage and 430 in the chronic, while in 232 there were present the remains of a chronic suppuration. As regards treatment it is interesting to note that in acute otitis media the application of spirosal in the form of instillations or tampons moistened with the drug proved very useful.

NEPHRITIS WITH UREMIA AND BRADYCARDIA.

Dr. E. E. Laslett (The Lancet, October 7, 1911) reports a case of bradycardia associated with uremia in a patient, 42 years old, who six years previously came under his care with an attack of nephritis. At that time the urine contained a considerable quantity of albumin, granular casts, and some blood, and there was also present dropsy of the legs. In spite of many weeks' rest in bed, careful dieting, and the usual remedies, the edema was very persistent, but on a more generous diet and the free administration of iron his condition improved considerably. Two years later he had an attack of influenza, with return of the edema, and he was required to stay in bed for eight months. In spite of all the usual remedies the amount of urine often fell very low, the edema gradually spreading upwards; fluid collected in the abdominal and pleural cavities and the breathing became at times very distressed, particularly at night. Ultimately the legs became too sore and inflamed to allow of the continuance of treatment, and as a last resort he was put on acet-theocin-sodium (with digitalis), which had not previously been tried. The result was most striking, the edema practically disappearing in a week. He then gradually improved, and he was able to resume his work after a year's illness.

HOUSEHOLD HINTS.

Conducted by Mrs. Ida A. Coombs.

Too many people "live to eat" instead of "eating to live," and it is not the quantity we eat but the quality that goes to sustain life in strength and energy, and it is our aim to study the quality and add a few suggestions to help attain this end.

Coffee Rolls.

Work into a quart of bread dough a rounded tablespoon of butter and half a tea-cup of white sugar; add some dried currants, sift some flour and sugar over them, work into the other ingredients, make into small rolls, dip into melted butter, place in tins, let rise a short time, and bake.

Rice Griddle Cakes.

One cup boiled rice, 2 eggs beaten very light, 1-2 cup sugar, 1 qt. flour, 1 qt. sweet milk, 1 teaspoon soda, 2 teaspoons cream tartar.

Rice Croquettes.

One egg beaten very light mixed carefully with two cups of cold boiled rice, taking care there are no lumps, two teaspoons sugar, two teaspoons butter. Shape into croquettes by rolling in floured hands, roll in flour and let stand several hours and fry like doughnuts.

Bannocks.

Make nice pastry and cut in squares (pastry rolled thin), 1 cup chopped raisins, 1 egg, 1 cup sugar, juice of one lemon. Fill squares with this mixture and bake; when done sift sugar over them.

Pot Au Feu.

Take a good-sized beef bone with plenty of meat on it, extract the marrow and place in a pot on the back of the stove, covering the beef with three or more quarts of cold water; cover tightly and allow to simmer all day long. The next day, before heating, remove the grease from the top, add a large onion (previously stuck full of cloves, and then roasted in the oven till of a rich, brown color), adding tomatoes or any other vegetable which one may fancy. A leek or a section of garlic adds much to the flavor. Rice may be added or vermicelli for a change. Just before serving burn a little brown sugar and stir through it. This gives a peculiar flavor and rich color to the soup.

Potatoes in Seven Ways.

Sunday—Peel, steam, mash, add milk, butter and salt, and then beat like cake batter, **the longer the better**, till they are nice and light.

Monday—Baked potatoes in their jackets; if any are left they may be warmed over, peeling when cold, and then slicing.

Tuesday—Peel and bake with roast of beef.

Wednesday.—Prepare in Kentucky style. Slice thin as for frying, let remain in cold water half an hour; put into pudding dish or dripping pan with salt, pepper and some milk, about half a pint to an ordinary dish; put into oven and bake for an hour; take out and add a lump of butter half the size of an egg cut into small bits and scattered over the top. In a year of small potatoes this method of serving them will be very welcome to many a housekeeper.

Thursday—Peel, steam, and serve whole.

Friday.—“Potatoes a la pancake,” peel, cut in thin slices lengthwise, sprinkle with pepper and salt and fry in butter or beef drippings, turning like griddle cakes.

Saturday—Potatoes boiled in their jackets.

Baked Onions.

The large Spanish or Bermuda onions are best for this purpose. Wash the outside clean, put into a sauce-pan with slightly salted water and boil an hour, replenishing the water with more (boiling hot) as it boils away. Then turn off water; take up onions and lay upon a cloth that all moisture may be absorbed; roll each in a piece of buttered tissue paper, twisting it at the top to keep it closed and bake in a slow oven nearly an hour, or until tender all through. Peel, put in a deep dish and brown slightly, basting freely with butter; this will take fifteen minutes more. Season with salt and pepper and pour melted butter over the top.

Fricasseed Chicken.

Put chicken in sauce-pan with barely enough water to cover, stew gently until tender; have a frying pan prepared with a few slices of salt pork, drain chicken and fry with pork until it is a fine, rich brown; take chicken and bits of pork from the pan, pour in the broth, thicken with brown flour, mixed smooth with a little water, and season with pepper; now put chicken and pork back into the gravy, let simmer a few minutes and serve very hot.

Southern Tomato Pie.

For one pie, peel and slice green tomatoes, add four tablespoons vinegar, one of butter, three of sugar (more if wanted); flavor with nutmeg or cinnamon; bake with two crusts slowly. This tastes much like a green apple pie.

FOOD FOR THE SICK.

Panada—Take two richest crackers, pour on boiling water, let stand a few minutes, beat up an egg, sweeten to taste and stir all together; grate in a little nutmeg and add brandy or wine to suit the invalid. Or break in a pint bowl toasted bread and pour over boiling water, adding a small lump of butter, two tablespoons wine, brandy or whiskey; sweeten to taste and flavor with nutmeg or cinnamon.

Rice Jelly—Mix one heaping tablespoon of rice flour with cold water until it is a smooth paste, add a scant pint of boiling water, sweeten with loaf sugar; boil until clear. If the jelly is intended for a patient with summer complaint, stir with a stick of cinnamon; if for one with fever, flavor with lemon juice and mould. Rice-water is made the same way by using twice the quantity of boiling water.

Rice water or rice jelly are advisable in many cases of convalescence from acute fever, summer complaint, and like diseases.

Pickled Prunes.

Wash two pounds of prunes in four waters, cover with fresh water and let soak over night, then drain. Cook one pint of vinegar, 1 1-2 cups of sugar, 1 tablespoonful of mixed spices and 1 level teaspoon of ground cinnamon for 10 minutes. Add the prunes, cook until the boiling point is reached, and turn into small stone crocks.

Preserving Hints.

To color preserves pink: Put in with it a little cochineal, powdered fine, then finish in the syrup.

To color fruit yellow: Boil fruit with fresh-skin lemon in water to cover them until they are tender. Then take it up. Spread on dishes to cool and finish as may be directed.

System in One's Work.

Know what you intend to do. Fit yourself to do it in the best and easiest manner.

Keep abreast, or ahead of the times, and gladly welcome all innovations that favor improvement in quantity or quality of your work.

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Be courteous always. Be friendly to those worthy of your friendship. Be just and honest with every one.

Work steadily, but do not rush and hustle in confusion. Work interestedly, but do not limit all the interests of your life to your daily work. Be a woman, not a machine. Be an intelligent and cultivated woman.

Suggestions.

Pour boiling water on oranges, let them stand five minutes, the white lining will come away clean with the skin, so you can quickly slice a large quantity of oranges for sauce or pudding.

If when making cornmeal mush to fry, milk is used instead of water, it will brown in half the time.

When boiling a cabbage or cauliflower—Tie up a crust of bread in a muslin bag and place it in the saucepan. This will prevent the smell of cooking greens from pervading the house.

To prevent the smell of onions: While cooking place a little vinegar in an earthen jar on the stove.

To remove grease from stock: Wet a napkin in ice-cold water, pour the stock through it; every particle of the fat will remain in the cloth. This hint will be found very useful when beef tea, soup or jelly has to be prepared for invalids.

When baking potatoes rub dry and grease. This causes the outer skin to peel off very thin, thus saving the most nourishing part.

To keep flies out of the larder, sponge the windows daily with a weak solution of carbolic acid and water. You will never be troubled with flies if you do this.

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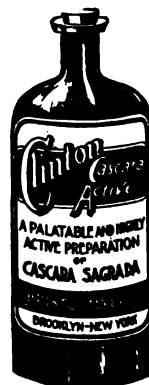
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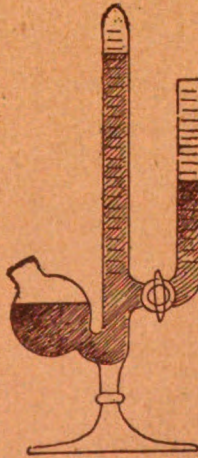
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